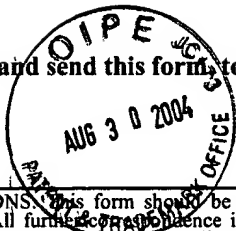


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

06/16/2004

Peter B. Sorell, Esq.
 Brown Rudnick Freed & Gesmer, P.C.
 One Financial Center
 Boston, MA 02111

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

June E. Kaps	(Depositor's name)
<i>June E. Kaps</i>	(Signature)
Aug 27, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/981,372	10/17/2001	Patricia G. Schneider	22327/1	7665

TITLE OF INVENTION: EMERGENCY MEDICAL DISPENSING CARD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, ANH TUAN TUONG	3763	604-131000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mark S. Leonardo

2 Peter B. Sorell
Brown Rudnick Berlack

3 Israels LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

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- ☒ Publication Fee
- ☒ Advance Order - # of Copies 5

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- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500369 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

8-27-04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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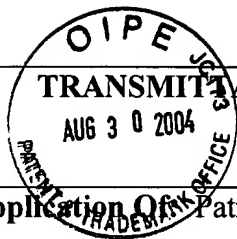
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01 FC:2501 665.00 DA

02 FC:1504 300.00 DA

03 FC:8001 15.00 DA

TRANSMIT THIS FORM WITH FEE(S)



TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)
(37 C.F.R. §1.311)

Docket No.
22327/1

In Re Application Of Patricia G. Schneider, et al.

Serial No.	Filing Date	Examiner	Group Art Unit	Confirmation No.
09/981,372	October 17, 2001	A. Nguyen	3763	7665

Invention: EMERGENCY MEDICAL DISPENSING CARD

TO THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Attention: Mail Stop Issue Fee

Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
- ☒ Please charge the amount of \$980.00 to cover the payment of Issue Fee with five (5) soft copies, please charge any other necessary fees, or credit any overpayment to Deposit Account No. **50-0369**.
- ☐ Letter to Chief Draftsperson regarding transmittal of Formal drawings
- ☐ _____ sheets of formal drawings (Figs. _____)
- ☒ Other _____ Return Postcard _____

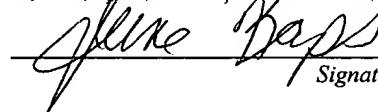

Signature

Dated: **8-27-04**

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Customer No. 21710
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One Financial Center
Boston, MA 02111
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Fax: 617-856-8201

Certificate of Mailing

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Signature
June E. Kaps
Printed Name
Aug 27, 2004
Date